




Please type a plus sign (+) inside  box  

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

APR 23 2001

# CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	09/641,773
Filing Date	August 18, 2000
First Named Inventor	Goguen et al.
Group Art Unit	2857
Examiner Name	Unassigned
Attorney Docket Number	100.157.140

Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

Place Customer  
Number Bar Code  
Label here

OR

☒Firm or  
Individual Name

Hale and Dorr LLP

Address

60 State Street

Address

City

Boston

State

MA

ZIP

02109

Country

U.S.A.

Telephone

(617) 526-6000

Fax

(617) 526-5000

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐

Applicant/Inventor.

☐

Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

RECEIVED  
APR 24 2001  
TC 2800 MAIL ROOM

Typed or Printed  
Name

Gary A. Walpert, Registration No. 26,098

Signature



Date

4/18/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒

\*Total of 1 forms are submitted.

2857



Please type a plus sign (+) inside this box → ☐ +

PTO/SB/21 (6-98)  
Approved for use through 09/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/641,773	
	Filing Date	August 18, 2000	
	First Named Inventor	Goguen et al.	
	Group Art Unit	2857	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	27	Attorney Docket Number	100.157.140

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Postcard
Remarks 1) Change of Correspondence Address (Application)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gary A. Walpert Hale and Dorr LLP, 60 State Street, Boston, MA 02109
Signature	
Date	4/18/01

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: April 19, 2001			
Typed or printed name	Tina M. Dougal		
Signature		Date	April 19, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED  
 APR 24 2001  
 T2800 MAIL ROOM